

**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: Mail **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
or Fax **(571)-273-2885**



**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

55648      7590      02/05/2007

**KEVIN L. RUSSELL**  
**CHERNOFF, VILHAUER, MCCLUNG & STENZEL LLP**  
**1600 ODSTOWER**  
**601 SW SECOND AVENUE**  
**PORTLAND, OR 97204**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                         |                    |
|-------------------------|--------------------|
| <b>Kevin L. Russell</b> | (Depositor's name) |
|                         | (Signature)        |
| <b>April 11, 2007</b>   | (Date)             |

| APPLICATION NO.  | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.                   | CONFIRMATION NO. |
|--|-------------|----------------------|---------------------------------------|------------------|
| 09/665,215   | 09/18/2000  | Sachin Deshpande     | TAL/7146.090(SLA-0322)                | 4261             |
| TITLE OF INVENTION: ERROR RESILIENT DIGITAL VIDEO SCRAMBLING |             |                      | 04/13/2007 MGEBREM2 00000037 09665215 |                  |
|  |             |                      | 01 FC:1501                            | 1400.00 OP       |

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$0                 | \$0                  | \$1400           | 05/07/2007 |

| EXAMINER           | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| ABRISHAMKAR, KAVEH | 2131     | 380-216000     |

|   |   |                       |
|---|---|-----------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  | 2. For printing on the patent front page, list<br>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1 Chernoff, Vilhauer, |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |   | 2 McClung & Stenzel   |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b> |   | 3 _____               |

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Sharp Laboratories of America, Inc.

Camas, WA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

**4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)**

- A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1550 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date April 11, 2007

Typed or printed name

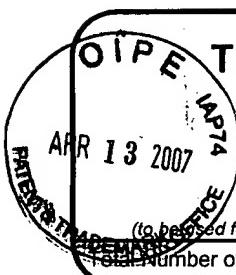
Kevin L. Russell

Registration No. 38,292

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                    |
|------------------------|--------------------|
| Application Number     | 09/665,215         |
| Filing Date            | September 18, 2000 |
| First Named Inventor   | Sachin Deshpande   |
| Art Unit               | 2131               |
| Examiner Name          | Kaveh Abrishamkar  |
| Attorney Docket Number | 7146.0090          |

**ENCLOSURES (check all that apply)**

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>PTOL 85(b) – Issue Fee Transmittal, in duplicate<br>Return postcard |
| <b>Remarks</b><br>The Commissioner is hereby authorized to charge any additional fees, or credit any overpayment, to Deposit Account No. 03-1550.   |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm         | Chernoff, Vilhauer, McClung & Stenzel<br>601 SW Second Ave., Suite 1600<br>Portland, OR 97204 |          |        |
| Signature    |            |          |        |
| Printed Name | Kevin L. Russell  |          |        |
| Date         | April 11, 2007  | Reg. No. | 38,292 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |   |
|-----------------------|---|
| Signature             |  |
| Typed or printed name | Kevin L. Russell  |
| Date                  | April 11, 2007  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2006

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**1400**

## Complete if Known

|                      |                    |
|----------------------|--------------------|
| Application Number   | 09/665,215         |
| Filing Date          | September 18, 2000 |
| First Named Inventor | Sachin Deshpande   |
| Examiner Name        | Kaveh Abrishamkar  |
| Art Unit             | 2131               |
| Attorney Docket No.  | 7146.0090          |

**METHOD OF PAYMENT** (check all that apply)

- Check  Credit Card  Money Order  None  Other (please identify) : \_\_\_\_\_
- Deposit Account Deposit Account Number: 03-1550 Deposit Account Name: Chernoff Vilhauer McClung & Stenzel LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                | <u>SEARCH FEES</u> |                | <u>EXAMINATION FEES</u> |                |                       |
|-------------------------|--------------------|----------------|--------------------|----------------|-------------------------|----------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Fee(\$)</u> | <u>Fee(\$)</u>     | <u>Fee(\$)</u> | <u>Fee(\$)</u>          | <u>Fee(\$)</u> | <u>Fees Paid (\$)</u> |
| Utility                 | 300                | 150            | 500                | 250            | 200                     | 100            | _____                 |
| Design                  | 200                | 100            | 100                | 50             | 130                     | 65             | _____                 |
| Plant                   | 200                | 100            | 300                | 150            | 160                     | 80             | _____                 |
| Reissue                 | 300                | 150            | 500                | 250            | 600                     | 300            | _____                 |
| Provisional             | 200                | 100            | 0                  | 0              | 0                       | 0              | _____                 |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee(\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|---------------------|---------------------|----------------|----------------------|---------------------|-----------------|-----------------|
|                     |                     |                |                      | <u>Fee (\$)</u>     | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
| _____ - 20 or HP =  | _____ X _____       | = _____        | _____                | 50                  | 25              | _____           |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee(\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|----------------|----------------------|----------------------------------|-----------------|----------------------|
|                      |                     |                |                      | <u>Fee (\$)</u>                  | <u>Fee (\$)</u> | <u>Fee (\$)</u>      |
| _____ - 3 or HP =    | _____ X _____       | = _____        | _____                | _____                            | _____           | _____                |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u>   | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---|---------------------|---|-----------------|----------------------|
| _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ |                     |   | = _____         | _____                |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Issue Fee

Fees Paid (\$)\$1400**SUBMITTED BY**

|                   |                  |                                      |        |           |                |
|-------------------|------------------|--------------------------------------|--------|-----------|----------------|
| Signature         |                  | Registration No.<br>(Attorney/Agent) | 38,292 | Telephone | 503-227-5631   |
| Name (Print/Type) | Kevin L. Russell |                                      |        | Date      | April 11, 2007 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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